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Date



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Cathleen Collins

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submitted paper.

Application Number: 10/659,169
Filing Date: September 10, 2003
Applicant: Lin Wang
Attorney Docket: CL1518 US CNT
Title: Manufacture of Polyethylenes

- Transmittal
- Request For Continued Examination
- Fee Transmittal
- Amendment, Response to Office Action And Advisory Action, And Request For Continued Examination
- Petition For Extension of Time (Three Months)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/659,169	
	Filing Date	September 10, 2003	
	First Named Inventor	Lin Wang	
	Group Art Unit	1713	
	Examiner Name	R. Rabago	
Total Number of Pages in This Submission	14	Attorney Docket Number	CL1518 US.CNT

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> • Request For Continued Examination • Certificate of Facsimile
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Jeffrey Safran (Reg. No. 54,689)	
Signature		
Date	July 12, 2005	

CERTIFICATE OF FACSIMILE			
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Typed or printed name	Cathleen Collins		
Signature		Date	July 12, 2005

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PTO/SB/17 (11-01)

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**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1,810.00

Complete if Known

Application Number	10/659,169
Filing Date	September 10, 2003
First Named Inventor	Lin Wang
Examiner Name	R. Rabago
Group / Art Unit	1713
Attorney Docket No.	CL1618 US CNT

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METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit
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04-1928

Deposit
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E.I. du Pont de Nemours and Company

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account
FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	1000	201	500	Utility filing fee	
106	430	206	215	Design filing fee	
107	660	207	330	Plant filing fee	
108	1400	208	700	Reissue filing fee	
114	200	214	100	Provisional filing fee	
SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES

Total Claims		-20	=	Extra Claims	X	Fee from below	=	Fee Paid
Independent Claims		-3	=		X	200	=	
Multiple Dependent	<input type="checkbox"/>				X	360	=	

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	50	203	25	Claims in excess of 20
102	200	202	100	Independent claims in excess of 3
104	360	204	180	Multiple dependent claim, if not paid
109	200	209	100	Reissue independent claims over original patent
110	50	210	25	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	120	215	60	Extension for reply within first month	
116	450	216	225	Extension for reply within second month	
117	1020	217	510	Extension for reply within third month	\$1020
118	1,590	218	795	Extension for reply within fourth month	
128	2,160	228	1,080	Extension for reply within fifth month	
119	500	219	250	Notice of Appeal	
120	500	220	250	Filing a brief in support of an appeal	
121	1000	221	500	Request for oral hearing	
138	1,510	138	1,510	Petition to Institute a public use proceeding	
140	500	240	250	Petition to revive - unavoidable	
141	1,500	241	750	Petition to revive - unintentional	
142	1,400	242	700	Utility issue fee (or reissue)	
143	800	243	400	Design issue fee	
144	100	244	50	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	160	126	160	Submission of Information Disclosure Sheet	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	790	246	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	790	249	395	For each additional invention to be examined (37 CFR § 1.129(b))	
179	790	279	395	Request for Continued Examination (RCE)	\$790
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) _____

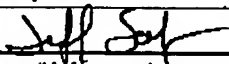
*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 1,810.00)

SUBMITTED BY

Complete if applicable

Name (Print/Type)	Jeffrey Saffran	Registration No. Attorney/Agent	54,689	Telephone	(302) 984-6132
Signature				Date	July 12, 2005

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